

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

ADDRESS (number and street)

244 5TH AVENUE SUITE M250

☐Check if different  
than previously  
reported. (ACC)

NEW YORK

NY

10001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00452847

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

04

2008

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mikhael Moore

Signature of Treasurer

Electronically Filed by Mikhael Moore

Date

06

17

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period .....	98794.28	
(c) Total Receipts (from Line 19) .....	27882.00	185796.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	126676.28	185796.00
7. Total Disbursements (from Line 31) .....	71711.27	130830.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	54965.01	54965.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	18980.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9710.00	120150.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	18172.00	65646.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	27882.00	185796.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	27882.00	185796.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27882.00	185796.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27882.00	185796.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	20000.00	20000.00
(ii) Non-Federal Share.....	20000.00	20000.00
(b) Other Federal Operating Expenditures.....	11677.27	66506.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	51677.27	106506.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	20034.00	24324.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	71711.27	130830.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51711.27	110830.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27882.00	185796.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27882.00	185796.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31677.27	86506.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31677.27	86506.99

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Ben Barnz

Mailing Address 3830 Franklin Avenue

City

Los Angeles

State

CA

Zip Code

90027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Self employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6931

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

William Boyle

Mailing Address 1615 Kenyon Street, NW Apt 23

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federal Parking, Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6825

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Hasia Diner

Mailing Address 4 Washington Square Village, #8L

City

New York

State

NY

Zip Code

10012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYU

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6787

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Scott Einbinder

Mailing Address 7898 Willow Glen Rd.

City

Los Angeles

State

CA

Zip Code

90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leomax Entertainment

Occupation

Film Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.6679

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Laurel Eisner

Mailing Address 302 west 86th street

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanctuary for Families

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.6746

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Susan Goldin-Meadow

Mailing Address 5621 S. Kenwood Ave

City

Chicago

State

IL

Zip Code

60637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Chicago

Occupation

professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6628

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 8 / 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

nicolas hanauer

Mailing Address 1000 second avenue  
suite 1200

City State Zip Code  
seattle WA 98104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
second avenue partners

Occupation  
venture capitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6843

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Kohlenberg

Mailing Address 491 N. Williamsbury Rd.

City State Zip Code  
Bloomfield Hills MI 48301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
John R Medical Clinic, P.-  
C.

Occupation  
Administrative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.6624

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Luckett

Mailing Address 96 Remsen Street

City State Zip Code  
Brooklyn NY 11201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
none

Occupation  
not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.6677

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Kathleen McGrath

Mailing Address 9350 Wilshire Blvd.  
#250

City State Zip Code  
Beverly Hills CA 90212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self-employed

Occupation  
self-employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.6437

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Isaac Namdar

Mailing Address 347 West 57th St  
Apt 33A

City State Zip Code  
New York NY 10019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6847

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mona Reis

Mailing Address 100 northpoint parkway

City State Zip Code  
West Palm Beach FL 33407

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
presidential women's center

Occupation  
Women's Health Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6799

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Shirley Robinson

Mailing Address 6627 Hearthside Court

City

West Bloomfield

State

MI

Zip Code

48322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

not employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.6770

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Deborah Rose

Mailing Address 1542 Hamilton Ave

City

Palo Alto

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.6934

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Schoomer

Mailing Address 7 Princeton Avenue

City

St. Louis

State

MO

Zip Code

63130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastgate Investments Inc.

Occupation

Real Estate Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.6203

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Heidi Segal

Mailing Address 9022 Alto Cedo Drive

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6932

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Sieroty

Mailing Address 6022 Wilshire Blvd  
#201

City

Los Angeles

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sieroty Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6930

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Claudia Sills

Mailing Address 120 Hawthorne St.

City

Birmingham

State

MI

Zip Code

48009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Asst. Director - Film

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.6244

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

Felicia Sol

Mailing Address 323 West 76th St., G

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Congregation B'nai Jeshur-  
un

Occupation  
Rabbi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.6681

Amount of Each Receipt this Period

360.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Stern

Mailing Address 1210 N Astor, 4B

City

Chicago

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6876

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Sassona Whittle

Mailing Address P.O. Box 441

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
sculptor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.6994

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1610.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.**

Full Name (Last, First, Middle Initial)

elizabeth witten

Mailing Address 23 bergen street

City

brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

self-employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	8

Transaction ID: SA11AI.6195

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

TOTAL This Period (last page this line number only) .....

9710.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.

Full Name (Last, First, Middle Initial)

Auburn Quad., LLC

Mailing Address PO Box 390728

City  
Cambridge

State  
MA

Zip Code  
02139

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6996

Date of Disbursement

10 / 05 / 2008

Amount of Each Disbursement this Period

361.64

B.

Full Name (Last, First, Middle Initial)

Auburn Quad., LLC

Mailing Address PO Box 390728

City  
Cambridge

State  
MA

Zip Code  
02139

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6997

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

195.02

C.

Full Name (Last, First, Middle Initial)

Auburn Quad., LLC

Mailing Address PO Box 390728

City  
Cambridge

State  
MA

Zip Code  
02139

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6998

Date of Disbursement

10 / 12 / 2008

Amount of Each Disbursement this Period

197.49

**SUBTOTAL** of Disbursements This Page (optional) .....

754.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.

Full Name (Last, First, Middle Initial)

Auburn Quad., LLC

Mailing Address PO Box 390728

City  
Cambridge

State  
MA

Zip Code  
02139

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6999

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

223.25

B.

Full Name (Last, First, Middle Initial)

Compupay

Mailing Address 1250 Broadway

City  
New York

State  
NY

Zip Code  
10001

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6923

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

3726.46

C.

Full Name (Last, First, Middle Initial)

Compupay

Mailing Address 1250 Broadway

City  
New York

State  
NY

Zip Code  
10001

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6926

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

41.71

SUBTOTAL of Disbursements This Page (optional) .....

3991.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

<b>A.</b> Full Name (Last, First, Middle Initial) Mikhael Moore	<b>Transaction ID:</b> SB21B.6895 <b>Date of Disbursement</b>																				
Mailing Address 630 Fort Washington Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	0	8												
City New York State NY Zip Code 10040	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">2741.57</td> </tr> </table>	2741.57																			
2741.57																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Jessica Rosenblum	<b>Transaction ID:</b> SB21B.7003 <b>Date of Disbursement</b>																				
Mailing Address 1919 19th Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	5		2	0	0	8												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel Reimbursement	<table border="1"> <tr> <td colspan="10">419.00</td> </tr> </table>	419.00																			
419.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Verizon	<b>Transaction ID:</b> SB21B.7798 <b>Date of Disbursement</b>																				
Mailing Address 140 West Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	7		2	0	0	8												
City New York State NY Zip Code 10007	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Phones	<table border="1"> <tr> <td colspan="10">353.06</td> </tr> </table>	353.06																			
353.06																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3513.63

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

A.

Full Name (Last, First, Middle Initial)

Ari Wallach

Mailing Address 307 West 76th #B

City  
New York

State  
NY

Zip Code  
10023

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.6896

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3218.07

SUBTOTAL of Disbursements This Page (optional) .....

3218.07

TOTAL This Period (last page this line number only) .....

11477.27

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 27

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Droga5Nature of Debt (Purpose):  
Video Production

Mailing Address 400 Lafayette

City State ZIP Code  
New York NY 10003

Outstanding Balance Beginning This Period

15000.00

Transaction ID: SD10.4111

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Revise FilmsNature of Debt (Purpose):  
Film Production

Mailing Address Rechov HaRav

City State ZIP Code  
Jerusalem ZZ

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.7796

Amount Incurred This Period

8000.00

Payment This Period

5500.00

Outstanding Balance at Close of This Period

2500.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Washtenaw Jewish NewsNature of Debt (Purpose):  
Advertisement

Mailing Address 2935 Birch Hollow Drive

City State ZIP Code  
Ann Arbor MI 48108

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.7793

Amount Incurred This Period

1480.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1480.00

**1) SUBTOTALS** This Period This Page (optional).....

18980.00

**2) TOTALS** This Period (last page this line number only).....

18980.00

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

18980.00

Form/Schedule : **SD10**  
Transaction ID : **SD10.4111**

This debt was disputed due to the failure to provide requested services by the vendor. The resolution of this dispute was the dissolution of the contract with the vendor and no fees are due to the vendor by the committee.

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 20 / 27

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Detroit Jewish News		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 07 / 2008</div> </div>	
Mailing Address P.O. Box 2267		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4290.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Southfield</div> <div>State MI</div> <div>Zip Code 48037</div> </div>		<b>Transaction ID:</b> SE.4113 Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Newspaper Ad		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">8580.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Full Name (Last, First, Middle, Initial) of Payee Detroit Jewish News		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 07 / 2008</div> </div>	
Mailing Address P.O. Box 2267		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1400.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Southfield</div> <div>State MI</div> <div>Zip Code 48037</div> </div>		<b>Transaction ID:</b> SE.4118 Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Newspaper Ad		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">14204.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">5690.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mikhael Moore Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 06 / 17 / 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 21 / 27

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Detroit Jewish News		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 07 / 2008</div> </div>	
Mailing Address P.O. Box 2267		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4290.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Southfield</div> <div>State MI</div> <div>Zip Code 48037</div> </div>		<b>Transaction ID:</b> SE.4119	
Purpose of Expenditure Newspaper Ad		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18494.00</div>	
Full Name (Last, First, Middle, Initial) of Payee Detroit Jewish News		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 10 / 08 / 2008</div> </div>	
Mailing Address P.O. Box 2267		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">330.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Southfield</div> <div>State MI</div> <div>Zip Code 48037</div> </div>		<b>Transaction ID:</b> SE.6903	
Purpose of Expenditure Newspaper Ad		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18824.00</div>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">4620.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mikhael Moore _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 06 / 17 / 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 22 / 27

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Revise Films		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address Rechov HaRav		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Jerusalem</div> <div>State ZZ</div> <div>Zip Code</div> </div>		<b>Transaction ID:</b> SE.7853 Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Video Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">18824.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee Revise Films		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address Rechov HaRav		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5500.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Jerusalem</div> <div>State ZZ</div> <div>Zip Code</div> </div>		<b>Transaction ID:</b> SE.7952 Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Purpose of Expenditure Video Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">24324.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">5500.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mikhael Moore Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 6</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee St. Louis Jewish Light		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 0 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 6 Millstone Campus		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4224.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City St. Louis</div> <div>State MO</div> <div>Zip Code 63146</div> </div>		<b>Transaction ID:</b> SE.4114	
Purpose of Expenditure Newspaper Ad		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">12804.00</div>	
Full Name (Last, First, Middle, Initial) of Payee St. Louis Jewish Light		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 6 Millstone Campus		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4324.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City St. Louis</div> <div>State MO</div> <div>Zip Code 63146</div> </div>		<b>Transaction ID:</b> SE.7957	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">24324.00</div>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">4224.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Mikhael Moore Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 6</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00452847         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee St. Louis Jewish Light		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 6 Millstone Campus		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4324.00</div>	
City State Zip Code St. Louis MO 63146		<b>Transaction ID:</b> SE.7959	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <div style="text-align: center;"><b>[MEMO ITEM]</b></div>	
<div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">24324.00</div>			
Full Name (Last, First, Middle, Initial) of Payee St. Louis Jewish Light		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 6 Millstone Campus		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4324.00</div>	
City State Zip Code St. Louis MO 63146		<b>Transaction ID:</b> SE.7958	
Purpose of Expenditure Advertising		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <div style="text-align: center;"><b>[MEMO ITEM]</b></div>	
<div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">24324.00</div>			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mikhael Moore Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) JEWISH COUNCIL FOR EDUCATION AND RESEARCH		FEC IDENTIFICATION NUMBER <b>C</b> C00452847	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Washtenaw Jewish News		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 07 / 2008</div> </div>	
Mailing Address 2935 Birch Hollow Drive		Amount 1480.00	
<div style="display: flex; justify-content: space-between;"> <div>City Ann Arbor</div> <div>State MI</div> <div>Zip Code 48108</div> </div>		Transaction ID: SE.7792	
Purpose of Expenditure Newspaper Ad		<div style="display: flex; justify-content: space-between;"> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input checked="" type="checkbox"/> Presidential </div> <div> <div>State: DC</div> <div>District: _____</div> </div> </div>	
Category/Type			
Name of Federal Candidate supported or Opposed by expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
18494.00			

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	20034.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mikhael Moore  
\_\_\_\_\_  
Signature

Date  

MM / DD / YY

06 / 17 / 2009

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

**A. Full Name (Last, First, Middle Initial)**  
Liberty Concepts, Inc.

Mailing Address

119 Braintree St.

City

State

Zip Code

Boston

MA

02134

Purpose of Disbursement:  
Website Development

Category/  
Type

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

40000.00

Activity or Event Identifier:  
Administrative

Date 10 / 07 / 2008

Transaction ID: H4.7000

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20000.00

20000.00

40000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

20000.00

20000.00

40000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

20000.00

20000.00

40000.00